



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109
Oakland, CA 94612
Phone: (510) 622-2288, Fax: (510) 622-2585

July 28, 2009

Harvey Tureck, Mental Health Director
City of Berkeley, Division of Mental Health
1947 Center Street, 3rd Floor
Berkeley, CA 94704

Dear Mr. Tureck:

Enclosed is a copy of our audit report of your 2004-05 Fiscal Year operation concerning the Short-Doyle/Medi-Cal pursuant with your contract with Alameda County.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

Shirley Castaneda

SHIRLEY CASTANEDA, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
Phone: (510) 622-2288; Fax (510) 622-2585

July 28, 2009

Marye L. Thomas, MD, Director
Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

Dear Dr. Thomas:

AUDIT REPORT – CITY OF BERKELEY

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of City of Berkeley, an Alameda County Behavioral Health Care Services contract provider for the fiscal period July 1, 2004 through June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 2,813,679
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	<u>1,457,073</u>
Overstatement of Net Program Cost (FFP)	<u>\$ 1,356,606</u>

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Marye L. Thomas, MD, Director
July 28, 2009
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Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

for Shirley Castaneda
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits – Northern Region

Enclosures

CERTIFIED MAIL

**BERKELEY CITY MENTAL HEALTH
AN ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES CONTRACTOR
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30, 2005**

FINDING 1 – MAA EXPENSE ALLOCATION AND CLAIMING OF COSTS

Our examination of the provider's records and interviews with Berkeley City staff disclosed that Berkeley City contended that costs were distributed to Medi-Cal Administrative Activities (MAA) based on a relative value method (based on charges) rather than actual costs as required in Cost & Financial Reporting System (CFRS) cost report instruction manual. However, no contractor's work paper was submitted to support the MAA cost of \$2,920,381 reported on the cost report submitted by Berkeley City to Alameda County.

City of Berkeley's approved MAA plan included the following services:

- MEDI-CAL OUTREACH – NOT DISCOUNTED – (MODE 55, SFC 01-03)
- MEDI-CAL OUTREACH – DISCOUNT- (MODE 55, SFC 17-19)
- REFERRAL IN CRISIS SITUATIONS FOR NON-OPEN CASES (MODE 55, SFC 11-13)
- PROGRAM PLANNING AND POLICY DEVELOPMENT (MODE 55, SFC 24-26 & SFC 35-39)
- PROGRAM PLANNING AND POLICY DEVELOPMENT (MODE 55, SFC 24-26 & SFC 35-39)
- CASE MANAGEMENT OF NON-OPEN CASES (MODE 55, SFC 21-23 & SFC 31-34)
- TRAINING (MODE 55, SFC 27-29)

According to cost report Form MH 1979, Line 13, Medi-Cal Admin. Activities Svc Functions 21-29 is for County only. However, these service functions were approved by the Department for Berkeley City, a contract provider. The Department's Audits Branch staff has reported this issue to the office within the Department that administers the MAA plan.

City of Berkeley did not submit requested documentation to support reported MAA costs. Thus, the final audited MAA cost as shown on the Summary section page of this report was \$0. The reported MAA costs of \$2,920,381 was reclassified to Outreach services which is a non-Medi-Cal reimbursable program.

AUDIT AUTHORITY

- Title 42 Code of Federal Regulation (CFR) Section 413.13;
- Center for Medicare and Medicaid Services, (CMS) Pub. 15-1, Section 2604.3;
- Cost & Financial Reporting System Fiscal Year 2003-2004
- Cost Report Policy DMH Letter Number 04-10 Dated October 19, 2004
- California Code of Regulations (CCR), Title 9, Section 640

**BERKELEY CITY MENTAL HEALTH
AN ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES CONTRACTOR
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30, 2005**

RECOMMENDATION

We recommend that:

- 1) The contractor follow instructions per the DMH Letter No. 04-10, Cost Report Policy dated October 19, 2004. Under Section II J, when reporting the MAA program costs. This section states, in part:

"Costs for MAA activities must be actual cost and therefore must be directly allocated."

- 2) MAA costs reported on the cost report must be based on actual staff time captured at the service function level. The County must ensure that all records utilized in the preparation of the SD/MC cost report be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.
- 3) Internal procedures in record keeping must be implemented to ensure that all supporting documentation are properly filed and kept. This will facilitate the completion of the audit in a timely manner.

The lack of compliance with these provisions could result in audit exceptions in the future.

AUDITEE'S RESPONSE

No response from auditee was received.

**BERKELEY CITY MENTAL HEALTH
AN ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES CONTRACTOR
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30, 2005**

FINDING 2 – SELF-INSURANCE COSTS

Our review disclosed that the provider participated in a self-insurance program for workers' compensation. The Department identified \$149,618 as self-insurance expense. Among other things, Section 2162.7 of the Provider Reimbursement Manual 15-1 states, in pertinent part the following:

"Self – Insurance Fund – The provider or pool establishes a fund with a recognized independent fiduciary such as a bank, a trust company, or a private benefit administrator. In the Case of a State or local governmental provider or pool, the State in which the provider or pool is located may act as a fiduciary. The provider or pool and fiduciary must enter into a written agreement which includes all of the following elements: 1. General Legal Responsibility, 2. Control of Fund, 3. Payments by Fiduciary, 4. Termination, and 5. Reporting."

The provider was unable to submit a fiduciary written agreement that met all the requirements mentioned above. Therefore, the self – insurance program costs were disallowed. There were no actual claims submitted to the Department in lieu of the self-insurance premium.

AUDIT AUTHORITY

- CMS PUB. 15-1 SEC. 2162.7

RECOMMENDATION

We recommend that the provider review the regulation to meet the requirements specified in this citation. Self-insurance premium identified on the provider's records should be excluded from the cost report if the applicable regulatory requirements were not met by the contractor.

The lack of compliance with these provisions will continue to result in audit exceptions in the future that will jeopardize the receipt of federal funds.

AUDITEE'S RESPONSE

No response from auditee was received.

**BERKELEY CITY MENTAL HEALTH
AN ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES CONTRACTOR
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30, 2005**

**FINDING 3: NO CONTRACT AGREEMENT BETWEEN CITY OF BERKELEY
AND ALAMEDA COUNTY**

During our examination of Alameda County's Behavioral Health Care Services (BHCS) Medi-Cal contract providers units and contract maximums, Berkeley City was listed as a Medi-Cal contractor under the County. Further inquiry from County staff revealed that no written contract agreement was found between the County and Berkeley City during the period of audit and current as of the date of this audit report.

However, Berkeley City presented to Audit staff a draft contract proposal dated September 19, 1997. But, as of this date, we were unable to locate neither a Memorandum of Understanding (MOU) nor a contract agreement as far back as FY97/98 between Berkeley City and Alameda County.

In addition, we determined that there were no payments made to Berkeley City as shown on the County's general ledger. During the field review, County staff described the following relationship between the County and Berkeley City:

- BHCS and City of Berkeley are beginning work on a contract.
- BHCS acts as a "pass through" for City of Berkeley. That is – the City of Berkeley provides MH services, inputs them into the City of Berkeley reporting units in the INSYST system (which we use to track and claim client services). BHCS then does the billing to Medicare, Medi-Cal and Insurance. We also prepare client bills for them, which they review and authorize prior to them being sent to clients. When payments are received from Medicare, Medi-Cal, EPSDT, SB90 or Insurance companies, BHCS identifies the payments for City of Berkeley (based on the client's services RU) and transfers these monies to the City of Berkeley Trust Fund. The monies from the trust fund along with the relevant Remittance Advices, EOB or Approval Reports are forwarded to Berkeley.
- There are limitations on payments made by Alameda County to City of Berkeley. BHCS does not reimburse City of Berkeley for indigent client services; we only pass through revenues earned from third party payers for City of Berkeley services.
- Berkeley receives its own MHSA funding from the state (as well as participating under the BHCS MHSA plan).
- Berkeley receives its own Realignment funding from the state, and provides their own match to Medi-Cal
- Berkeley was receiving monies under AB2034 program
- Alameda County submits CSI data for City of Berkeley along with all other CBO and county operated sites

**BERKELEY CITY MENTAL HEALTH
AN ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES CONTRACTOR
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30, 2005**

AUDIT AUTHORITY

- Cost & Financial Reporting System Fiscal Year 2003-2004
- Cost Report Policy DMH Letter Number 04-10 Dated October 19, 2004
- Section 1903(a)(1) Social Security Act

RECOMMENDATION

Contractors who provide services to Medi-Cal beneficiaries shall have a written contract agreement with the County. The County shall certify claims submitted to the Department for Medi-Cal reimbursement for mental health services. Federal Medicaid claiming rules require that federal funds be claimed only after services are rendered and expenditures have been made. The claim must reflect the total expenditure amount, actually paid for the services provided before federal reimbursement is claimed.

Furthermore, the County shall assure the State that required matching funds are available prior to the reimbursement of federal funds. Cost of all services must be specified in a contract agreement between the County and the contractor. The contract shall establish the contract maximum reimbursement for services provided by the contractor to Medi-Cal eligible individuals.

AUDITEE'S RESPONSE:

No response from auditee was received.

SCHEDULE 1

ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES
 COMMUNITY MENTAL HEALTH SERVICES
 SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
 FISCAL YEAR ENDED JUNE 30, 2005

LEGAL ENTITY NAME: BERKELEY CITY
 LEGAL ENTITY NUMBER: 00065

		<u>As Settled</u>	<u>Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>CONTRACT PROVIDER</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 2,801,886	\$ (1,356,151)	\$ 1,445,735
HEALTHY FAMILIES - FFP	(Sch. 2a)	11,793	(456)	11,337
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 2,813,679</u>	<u>\$ (1,356,606)</u>	<u>\$ 1,457,073</u>

SCHEDULE 2

**ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

LEGAL ENTITY NAME: BERKELEY CITY

LEGAL ENTITY NUMBER: 00065

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	3,057,479	(125,781)	2,931,698
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	18,143	(701)	17,442
9. Total		<u>\$ 3,075,622</u>	<u>\$ (126,482)</u>	<u>\$ 2,949,140</u>
<u>Less: Patient & Other Payer Revenues</u>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	39,240	988	40,228
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 39,240</u>	<u>\$ 988</u>	<u>\$ 40,228</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	3,018,239	(126,769)	2,891,470
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	18,143	(701)	17,442
25. Total		<u>\$ 3,036,382</u>	<u>\$ (127,470)</u>	<u>\$ 2,908,912</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 134,358	\$ (134,358)	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	1,607,752	(1,607,752)	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	562,282	(562,282)	0
29. Total		<u>\$ 2,304,392</u>	<u>\$ (2,304,392)</u>	<u>\$ 0</u>

SCHEDULE 2a

**ALAMEDA COUNTY BEHAVIORAL HEALTH SERVICES
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

LEGAL ENTITY NAME: BERKELEY CITY

LEGAL ENTITY NUMBER: 00065

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 0	\$ 0	\$ 0
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 0	\$ 0	\$ 0
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 0	\$ 0	\$ 0
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net SD/MC Reimbursement - FFP</u>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 1,509,120	\$ (63,385)	\$ 1,445,735
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	1,292,766	(1,292,766)	0
49. Administrative Reimbursement	(MH1979, Ln 6)	0	0	0
50. U.R. Skilled Professional	(MH1979, Ln 14)	0	0	0
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 2,801,886</u>	<u>\$ (1,356,151)</u>	<u>\$ 1,445,735</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0
56. Total SD/MC Reimbursement - FFP		<u>\$ 2,801,886</u>	<u>\$ (1,356,151)</u>	<u>\$ 1,445,735</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 11,793	\$ (456)	\$ 11,337
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 11,793</u>	<u>\$ (456)</u>	<u>\$ 11,337</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 2,813,679</u>	<u>\$ (1,356,607)</u>	<u>\$ 1,457,072</u>

(To Sch. 1)

AUDIT ADJUSTMENTS

Provider CITY OF BERKELEY				Provider Number 00065	No. of Adj. 36	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	1	B	MENTAL HEALTH EXPENDITURES To adjust Other Expenditure to agree with the provider's general ledger. CMS PUB. 15-1 SEC. 2304	\$ 1,408,503	\$ 64,202	\$ 1,472,705
2	MH 1960	1	C	MENTAL HEALTH EXPENDITURES To reflect adjustment numbers 1. CMS PUB. 15-1 SEC. 2304	\$ 6,716,845	\$ 64,202	\$ 6,781,047
3	MH 1960	4	C	OTHER ADJUSTMENTS To adjust Indirect cost due to lack of sufficient documentation. CMS PUB. 15-1 SEC. 2304	\$ 1,146,860	\$ (1,146,860)	\$ 0 *
4	MH 1960	4	C	OTHER ADJUSTMENTS To adjust self-insurance costs on Worker's Compensation as it did not meet the CMS regulatory requirements. CMS PUB. 15-1 SEC. 2162.7	** \$ 0	\$ (149,618)	\$ (149,618)
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To reflect adjustment numbers 2 through 5.	\$ 7,863,705	\$ (1,232,276)	\$ 6,631,429
6	MH 1960	18	C	MODE COSTS To adjust mode costs to reflect adjustment number 5.	\$ 7,863,705	\$ (1,232,276)	\$ 6,631,429
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
CITY OF BERKELEY				00065	36	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
7	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 2,920,381	\$ (2,920,381)	\$ 0
8	MH 1964	6	A	OUTREACH SERVICES	\$ 0	\$ 2,920,381	\$ 2,920,381
				To reclassify Medi-Cal Administrative Activities Cost to Outreach Cost due to lack of MAA employees' salaries and benefits information.			
				CMS PUB. 15-1 SEC. 2304			
9	MH 1964	6	A	Support Services (Mode 60)	\$ 0	\$ 33,529	\$ 33,529
				To reclassify food cost reported as outpatient services.			
				CMS PUB. 15-1 SEC. 2304			
10	MH 1964	9	A	TOTAL MODE COST	\$ 6,631,429	\$ (2,953,910)	\$ 3,677,519
				The following costs are direct allocated:			
				Audited Mode 45	\$2,920,381		
				Audited Mode 60	33,529		
				TOTAL:	<u>\$2,953,910</u>		
				To identify directly assigned allowable costs.			
11	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1) SFC 01	\$ 477,137	\$ (113,283)	\$ 363,854
12	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1) SFC 10	3,428,914	(906,553)	2,522,361
13	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1) SFC 60	858,231	(203,533)	654,698
14	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 Program 1) SFC 70	179,042	(42,436)	136,606
Info.	MH 1964	5	A	TOTAL:	<u>\$ 4,943,324</u>	<u>\$ (1,265,805)</u>	<u>\$ 3,677,519</u>
				To distribute audited Direct Services costs (Medi-Cal Modes) to Outpatient Services using the Relative Value method based on published charges.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider CITY OF BERKELEY				Provider Number 00065	No. of Adj. 36	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED SD/MC UNITS			
15	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS 50%	281,848	(876)	280,972
16	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS 50%	9,755	370	10,125
				TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI	<u>291,603</u>	<u>(506)</u>	<u>291,097</u> *
17	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS 50%	836,598	(9,572)	827,026
18	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS 50%	33,969	7,112	41,081
				TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI	<u>870,567</u>	<u>(2,460)</u>	<u>868,107</u> *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims.			
19	MH 1966A	8		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI 50% **	291,097	(15)	291,082 *
Info.	MH 1966A	8A		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI 50% **	868,107		868,107 *
Info.				TOTAL **	<u>1,159,204</u>	<u>(15)</u>	<u>1,159,189</u> *
				To adjust the State Department of Mental Health Summary (DMH) of Approved Claims report to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.			
20	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI 50% **	291,082	15	291,097 *
21	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI 50% **	868,107	(135)	867,972 *
Info.				TOTAL **	<u>1,159,189</u>	<u>(120)</u>	<u>1,159,069</u> *
				To adjust Net State DMH Medi-cal and Medi/Medi units to agree with the County's records.			
22	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI 50% **	291,097	(15)	291,082 *
23	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI 50% **	867,972	0	867,972 *
Info.				TOTAL **	<u>1,159,069</u>	<u>(15)</u>	<u>1,159,054</u> *
				To adjust the County's records to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Medi-Cal Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider CITY OF BERKELEY				Provider Number 00065	No. of Adj. 36	Fiscal Period Ended June 30, 2005		
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>				
Info.	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI	50%	** 291,082	0	291,082 *
Info.	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI	50%	** 867,972	0	867,972 *
Info.				TOTAL		** 1,159,054	0	1,159,054
				To adjust Medi-cal and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records.				
24	MH 1966A	8	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI	50%	** 291,082	(9,895)	281,187
25	MH 1966A	8A	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI	50%	** 867,972	(34,964)	833,008
				To identify Medi/Medi units for settlement purposes.				
				<u>ADJUSTMENT TO PATIENT AND OTHER PAYOR REVENUES</u>				
26	MH 1968	28	TOTAL	PATIENT AND OTHER PAYOR REVENUES		\$ 4,732	\$ 127	\$ 4,859
27	MH 1968	28A	TOTAL	PATIENT AND OTHER PAYOR REVENUES		\$ 34,508	\$ 862	\$ 35,370
				To adjust patient and other payor revenues to agree with County records.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>				
28	MH 1979	11	D	MEDI-CAL ADMIN. ACTIVITIES SVC FUNCTIONS 01-09		\$ 134,358	\$ (134,358)	\$ 0
29	MH 1979	12	D	MEDI-CAL ADMIN. ACTIVITIES SVC FUNCTIONS 11-19, 31-39		1,607,752	(1,607,752)	0
30	MH 1979	13	D	MEDI-CAL ADMIN. ACTIVITIES SVC FUNCTIONS 21-29		562,282	(562,282)	0
31	MH 1979	16	D	SD/MC NET REIMBURSEMENT FOR DIRECT SERV 07/01/04 - 09/30/04		774,829	(31,393)	743,436
32	MH 1979	16A	D	SD/MC NET REIMBURSEMENT FOR DIRECT SERV 10/01/04 - 06/30/05		2,243,410	(95,376)	2,148,034
33	MH 1979	24	D	HEALTHY FAMILIES NET REIMBURSEMENT 07/01/04 - 09/30/04		2,921	(112)	2,809
34	MH 1979	24A	D	HEALTHY FAMILIES NET REIMBURSEMENT 10/01/04 - 06/30/05		15,222	(589)	14,633
Info.				TOTAL:		\$ 5,340,774	\$ (2,431,862)	\$ 2,908,912
				To adjust Total Gross Cost Reimbursement to reflect the result of the adjustments made to costs and units of service/time.				
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider CITY OF BERKELEY				Provider Number 00065	No. of Adj. 36	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
35	MH1979	23	J	TOTAL SD/MC REIMBURSEMENT - FFP To adjust Total SD/MC Reimbursement to reflect the results of the adjustments made to costs, patient and other payor revenues, and units of service/time.	\$ 2,801,886	\$ (1,356,151)	\$ 1,445,735
36	MH1979	27	J	TOTAL SD/MC REIMBURSEMENT - HEALTHY FAMILIES FFP To adjust Total Healthy Families Reimbursement to reflect the results of the adjustments made to costs and units of service/time.	\$ 11,793	\$ (456)	\$ 11,337
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: CITY OF BERKELEY		A	B	C
Legal Entity Number: 00065		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	5,308,342	1,472,705	6,781,047
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962		(149,618)	(149,618)
5	Total Costs Before Medi-Cal Adjustments	5,308,342	1,323,087	6,631,429
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			6,631,429
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			6,631,429
19	Total Costs - Lines 9 through 18			6,631,429

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: CITY OF BERKELEY		A	B	C
Legal Entity Number: 00065		Salaries and Benefits	Other	Total Adjustments
1	Indirect Cost Rate		1,146,860	1,146,860
2				
3	Adjustments:			
4	To adjust Indirect Cost Rate due to lack of documentation		(1,146,860)	(1,146,860)
5				
6	To adjust workers' compensation self-insurance cost		(149,618)	(149,618)
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(149,618)	(149,618)

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: CITY OF BERKELEY		A
Legal Entity Number: 00065		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	6,631,429
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,677,519
6	Outreach Services (Mode 45)	2,920,381
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	33,529
9	Total - Lines 2 through 8	6,631,429

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY
County Code: 01

Legal Entity: CITY OF BERKELEY		A	CR	CR	CR	CR	F	G
Legal Entity Number: 00065		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient Services (Program 1)			01	10	60	70		
1	Allocation Percentage	100.00%	9.89%	68.59%	17.80%	3.71%		
2	Total Units		200,174	1,075,449	150,887	39,109		
3	Gross Cost	3,677,519	363,854	2,522,361	654,698	136,606		
4	Cost per Unit		1.82	2.35	4.34	3.49		
5	SMA per Unit		1.89	2.44	4.51	3.63		
6	Published Charge per Unit		2.17	2.80	5.18	4.17		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/04 - 09/30/04	28,980	217,907	26,075	8,225		
8A		10/01/04 - 06/30/05	91,527	656,259	60,510	24,712		
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04		120	9,745	30		
9A		10/01/04 - 06/30/05		11,404	23,560			
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04						
10A		10/01/04 - 06/30/05						
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04		920	150			
11A		10/01/04 - 06/30/05		5,695	270	30		
12	Non-Medi-Cal Units		79,667	183,144	30,577	6,112		
13	Medi-Cal Costs	07/01/04 - 09/30/04	705,625	52,677	511,080	113,139	28,730	
13A		10/01/04 - 06/30/05	2,054,430	166,368	1,539,192	262,553	86,318	
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	733,920	54,772	531,693	117,598	29,857	
14A		10/01/04 - 06/30/05	2,136,863	172,986	1,601,272	272,900	89,705	
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	842,393	62,887	610,140	135,069	34,298	
15A		10/01/04 - 06/30/05	2,452,630	198,614	1,837,525	313,442	103,049	
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04						
16A		10/01/04 - 06/30/05						
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	42,670		281	42,284	105	
17A		10/01/04 - 06/30/05	128,974		26,747	102,227		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	44,352		293	43,950	109	
18A		10/01/04 - 06/30/05	134,081		27,826	106,256		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	50,940		336	50,479	125	
19A		10/01/04 - 06/30/05	153,972		31,931	122,041		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						
20A		10/01/04 - 06/30/05						
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04						
21A		10/01/04 - 06/30/05						
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04						
22A		10/01/04 - 06/30/05						
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04						
23A		10/01/04 - 06/30/05						
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04						
24A		10/01/04 - 06/30/05						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05						
29	Healthy Families Costs	07/01/04 - 09/30/04	2,809		2,158	651		
29A		10/01/04 - 06/30/05	14,633		13,357	1,172	105	
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	2,921		2,245	677		
30A		10/01/04 - 06/30/05	15,222		13,896	1,218	109	
31	Healthy Families Published Charges	07/01/04 - 09/30/04	3,353		2,576	777		
31A		10/01/04 - 06/30/05	17,470		15,946	1,399	125	
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04						
32A		10/01/04 - 06/30/05						
33	Non-Medi-Cal Costs		728,379	144,810	429,546	132,673	21,349	

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

PAGE 1 OF 1

MH 1966 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY

County Code: 01

County Code: 01		CR		CR	CR	CR		
Legal Entity: CITY OF BERKELEY		A	B	C	D	E	F	G
Legal Entity Number: 00065		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services			01	11	21	31		
1	Allocation Percentage		100.00%	4.60%	51.09%	24.72%	19.59%	
2	Total Units		56,367	626,004	302,856	239,961		
3	Gross Cost	2,920,381	134,358	1,492,157	721,892	571,974		
4	Cost per Unit		2.38	2.38	2.38	2.38		
5	Non-Medi-Cal Units		56,367	626,004	302,856	239,961		
6	Non-Medi-Cal Costs	2,920,381	134,358	1,492,157	721,892	571,974		

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY
County Code: 01

CR

Legal Entity: CITY OF BERKELEY		A	B	C	D	E	F	G
Legal Entity Number: 00065		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support Services			60					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1					
3	Gross Cost	33,529	33,529					
4	Cost per Unit		33,529.00					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	33,529	33,529					

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY County Code: 01 Legal Entity: CITY OF BERKELEY Legal Entity Number: 00055			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29								
1	Medi-Cal Costs	07/01/04 - 09/30/04								705,625	705,625		705,625
1A		10/01/04 - 06/30/05								2,054,430	2,054,430		2,054,430
2	Medi-Cal SMA	07/01/04 - 09/30/04								733,920	733,920		733,920
2A		10/01/04 - 06/30/05								2,136,863	2,136,863		2,136,863
3	Medi-Cal P. C.	07/01/04 - 09/30/04								842,393	842,393		842,393
3A		10/01/04 - 06/30/05								2,452,630	2,452,630		2,452,630
4	Medi-Cal N. R.	07/01/04 - 09/30/04											
4A		10/01/04 - 06/30/05											
5	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04								705,625	705,625		705,625
5A		10/01/04 - 06/30/05								2,054,430	2,054,430		2,054,430
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04								42,670	42,670		42,670
6A		10/01/04 - 06/30/05								128,974	128,974		128,974
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04								44,352	44,352		44,352
7A		10/01/04 - 06/30/05								134,061	134,061		134,061
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04								50,940	50,940		50,940
8A		10/01/04 - 06/30/05								153,972	153,972		153,972
9	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04											
9A		10/01/04 - 06/30/05											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04								42,670	42,670		42,670
10A		10/01/04 - 06/30/05								128,974	128,974		128,974
11	Total SD/MC + Crossover Gross Reim	07/01/04 - 09/30/04								748,295	748,295		748,295
11A		10/01/04 - 06/30/05								2,183,403	2,183,403		2,183,403
12	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04											
12A		10/01/04 - 06/30/05											
13	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04											
13A		10/01/04 - 06/30/05											
14	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04											
14A		10/01/04 - 06/30/05											
15	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04											
15A		10/01/04 - 06/30/05											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04											
16A		10/01/04 - 06/30/05											
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 09/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 09/30/04											
19	Enhanced SD/MC (Refugees) P. C.	07/01/04 - 09/30/04											
20	Enhanced SD/MC (Refugees) N. R.	07/01/04 - 09/30/04											
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04								748,295	748,295		748,295
21A	(Excludes Refugees)	10/01/04 - 06/30/05								2,183,403	2,183,403		2,183,403
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 09/30/04											
23	Healthy Families Cost	07/01/04 - 09/30/04								2,809	2,809		2,809
23A		10/01/04 - 06/30/05								14,633	14,633		14,633
24	Healthy Families SMA	07/01/04 - 09/30/04								2,921	2,921		2,921
24A		10/01/04 - 06/30/05								15,222	15,222		15,222
25	Healthy Families P. C.	07/01/04 - 09/30/04								3,353	3,353		3,353
25A		10/01/04 - 06/30/05								17,470	17,470		17,470
26	Healthy Families N. R.	07/01/04 - 09/30/04											
26A		10/01/04 - 06/30/05											
27	Healthy Families Gross Reim.	07/01/04 - 09/30/04								2,809	2,809		2,809
27A		10/01/04 - 06/30/05								14,633	14,633		14,633
Less: Patient and Other Payor Revenue													
28	SD/MC + Crossover Revenue	07/01/04 - 09/30/04								4,659	4,659		4,659
28A		10/01/04 - 06/30/05								35,369	35,369		35,369
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)			77.69%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04								743,436	743,436		743,436
35A		10/01/04 - 06/30/05								2,148,034	2,148,034		2,148,034
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/04 - 09/30/04								2,809	2,809		2,809
37A		10/01/04 - 06/30/05								14,633	14,633		14,633
Amount Negotiated Rates Exceed Costs													
38	SD/MC (Includes Children)	07/01/04 - 09/30/04											
38A		10/01/04 - 06/30/05											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/04 - 09/30/04											
40A		10/01/04 - 06/30/05											

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: ALAMEDA COUNTY

County Code: 01

Legal Entity: CITY OF BERKELEY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00065		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services 07/01/04 - 09/30/04			743,436	743,436		371,718				371,718
16A	10/01/04 - 06/30/05			2,148,034	2,148,034			1,074,017			1,074,017
17	Enhanced SD/MC Net Reimb. (Children) 07/01/04 - 09/30/04										
17A	10/01/04 - 06/30/05										
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										1,445,735
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										1,445,735
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										1,445,735
24	Healthy Families Net Reimbursement 07/01/04 - 09/30/04			2,809	2,809				1,826		1,826
24A	10/01/04 - 06/30/05			14,633	14,633				9,512		9,512
25	Total Healthy Families Reimbursement Before Excess FFP										11,337
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										11,337